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| FORM D | UNITED STATES | | OMB Approval |
| TORME | | MANAGERAND | ©MB Number: 3235-0076 |
| | SECURITIES AND EXCHANGE CO | | 532X |
| | Washington, D.C. 20545 | | |
| | | MAY 2 1 2003 | Estimated average burden |
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| JUN 0 7 2002 | NOTICE OF SALE OF SECU | RITHES 155 | SEC USE ONLY |
| D | PURSUANT TO REGULATI | | Prefix Serial |
| THOMSON P | SECTION 4 (6), AND/O | R | |
| FINANCIAL ' | UNIFORM LIMITED OFFERING B | | DATE RECEIVED |
| • | 11716. | | . 1 |
| | 117786 | · , | |
| | this is an amendment and name has changed, and indicate char | nge.) | |
| | y Notes of ProVox Technologies Corporation | | |
| Filing Under (check box(es) that | t apply): Rule 504 Rule 505 Rule 506 | Section 4(6) U | LOE |
| T (F): []: F'' | ⊠ | • | |
| Type of Filing: New Filing | A. BASIC IDENTIFICATIO | NDATA | 02037614 |
| Enter the information requested | | NDATA | 02037014 |
| | is an amendment and name has changed, and indicate change | .) | ····· |
| ProVox Technologies Corpora | | , | |
| | umber and Street, City, State, Zip Code) | Telephon | e Number (Including Area Code) |
| 406 1st Street, Suite 600, Roans | oke, VA 24011 | (540) 34 | |
| Address of Principal Business Ope | erations (Number and Street, City, State, Zip Code) | Telephon | e Number (Including Area Code) |
| (If different from Executive Office | ers) | <u>. </u> | |
| Brief Description of Business | | | |
| | | | |
| | oftware that integrates voice recognition technolo | gies into existing or p | planned medical practice |
| management systems. | | | |
| True of Business Organization | | | |
| Type of Business Organization corporation | limited partnership, already formed | other (please | snecify): |
| business trust | limited partnership, to be formed | outer (pressee | specify). |
| | | onth Year | _ 5 _ 5 |
| Actual Date of Incorporation or Or | | 1 9 8 | 🔀 Actual 🔲 Estimated |
| Jurisdiction of Incorporation or Or | = | | |
| | CN for Canada; FN for other foreign jurisdi | ction) VA | |
| | | | · · · · · · · · · · · · · · · · · · · |
| GENERAL INSTRUCTIONS | | | |
| Padamala | | | |
| Federal: Who must File: All issuers making a | un offering of securities in reliance on an exemption under Regulat | ion D or Section 4(6) 17 CI | FR 230 501 et sen 15 U.S.C |
| 77d(6). | a offering of securities in renance on an exemption under regular | ion B of Section 4(0), 17 Cr | 11 250.501 61 364. 15 0.5.0. |
| • | I no later than 15 days after the first sale of securities in the offering | ar. A notice is deemed filed | with the H.C. Committee and |
| | earlier of the date it is received by the SEC at the address given b | | |
| . , | registered or certified mail to that address. | | |
| Where to File: U.S. Securities and E | Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. | 20549 | |
| Conies Required: Five (5) conies of t | this notice must be filed with the SEC, one of which must be many | ially signed. Any copies no | t manually signed must be photocopies of the |
| manually signed copy or bear typed of | | and signer, any copies no | · manadary signed must be photocopies of the |
| | must contain all information requested. Amendments need only | report the name of the issue | and offering any changes thereto the |
| , , | any material changes from the information previously supplied in | • | |
| | | | |

State:

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying of ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Check Box(es) that Apply: Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Monument Capital Partners, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 4600 Cox Road, Suite 320, Glen Allen, VA 23060 Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) MRW ProVox, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 201 North Union Street, Suite 300, Alexandria, VA 22314 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer M Director General and/or Managing Partner Full Name (Last name first, if individual) Lucas, Mark S. Business or Residence Address (Number and Street, City, State, Zip Code) 2719 Avenham Avenue, Roanoke, VA 24014 Director Check Box(es) that Apply: Beneficial Owner **Executive Officer** General and/or Promoter Managing Partner Full Name (Last name first, if individual) Miko, Stephen Business or Residence Address (Number and Street, City, State, Zip Code) 6101 Scotford Court, Roanoke, VA 24018 Beneficial Owner Check Box(es) that Apply: **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Southwest One, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 1872 Pratt Drive, Blacksburg, VA 24060 Director Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Bennington, Steven Business or Residence Address (Number and Street, City, State, Zip Code) 406 1st Street, Suite 600, Roanoke, VA 24011 Director Check Box(es) that Apply: Beneficial Owner **Executive Officer** General and/or Promoter Managing Partner Full Name (Last name first, if individual) Harris, Leon P. Business or Residence Address (Number and Street, City, State, Zip Code) 4943 Foxridge Road, S.W., Roanoke, VA 24014-4914

A. BASIC IDENTIFICATION DATA 3. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. M Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Daly, Thomas M., III Business or Residence Address (Number and Street, City, State, Zip Code) 4600 Cox Road, Suite 320, Glen Allen, VA 23060 | | Director Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) MacKay, Scott Business or Residence Address (Number and Street, City, State, Zip Code) 201 North Union Street, Suite 300, Alexandria, VA 22314 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Director Check Box(es) that Apply: Promoter **Executive Officer** General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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|-----|--|--------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------------------------------|--------------|--------------|--------------|
| | | | | | B. INF | ORMAT | ION ABC | OUT OFF | ERING | | | | |
| 1. | Has t | he issuer s | sold or doe | es the issuer | intend to | sell, to nor | n-accredite | d investors | in this off | ering? | | Yes | No |
| | | | | Answ | er also in | Appendix, | , Column 2 | , if filing u | inder ULO | E | | | |
| 2. | What | is the min | nimum inv | estment tha | t will be a | ccepted fro | om any ind | lividual? | • | | \$ | N/A | |
| 3. | Does | the offeri | ng permit j | joint owner | ship of a s | ingle unit? | • | | | | | Yes | No |
| 4. | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer., you may set forth the information foe that broker or dealer only. | | | | | | | | | | | | |
| Ful | | | | individual) | | | | | | | | | |
| Bu | siness | or Resider | nce Addres | s (Number | and Stree | t, City, Star | te, Zip Coo | le) | | | | | |
| Na | me of A | Associated | i Broker or | r Dealer | | | | | | | | | • |
| Sta | tes in V | Which Per | son Listed | Has Solici | ted or Inte | nds to Soli | icit Purcha | sers | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | ndividual S | | | | | | | All Sta | ites | |
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| | RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| Ful | ll Name | e (Last na | me first, if | individual) | | | | | , | | | , | |
| Bu | siness | or Resider | nce Addres | s (Number | and Street | t, City, Sta | te, Zip Coo | le) | | | | | |
| Na | me of A | Associated | l Broker or | Dealer | | | | | | | | | |
| Sta | tes in V | Which Per | son Listed | Has Solici | ted or Inte | nds to Soli | cit Purcha | sers | | | | | |
| • | | | | ndividual S | , | | | | | |] All Sta | , | |
| _ | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| | IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | | [MO] |
| _ | MT] RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] |
| | | | <u> </u> | individual) | | [01] | [41] | [VA] | [WA] | [.vv v] | [[[] | [44 1] | |
| Bu | siness | or Resider | nce Addres | s (Number | and Stree | t, City, Star | te, Zip Coo | le) | | | | | |
| Na | me of A | Associated | Broker or | Dealer | | | | | | | | | |
| Sta | tes in V | Which Per | son Listed | Has Solicit | ted or Inte | nds to Soli | cit Purcha | sers | | | _ | | |
| • | | | | ndividual S | | | | | | [| All Sta | | |
| _ | AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
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| _ | MT] RII | [NE] [SC] | [NV] (SD) | [NH] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] | [PA] [PR] |

(Use blank sheet or copy and use additional copies of this sheet, as necessary) $$3\ {\rm of}\ 8$$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is at exchange offering, check this box and indicate in the column below the amounts exchange and already exchanged. | n for | |
|----|---|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt Equity | \$ · | \$\$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants)convertible notes Partnership Interests | \$1,000,000 \$ \$ | \$ 591,366.67 \$ 591,366.67 |
| | TotalAnswer also in Appendix, Column 3, if filing under ULOE | \$1,000,000_ | \$ 591,366.67 |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors. Non-accredited Investors. Total (for filings under Rule 504 only). Answer also in Appendix, Column 4, if filing under ULOE | 8 0 N/A | \$ 591,366.67 \$ 0 \$ N/A |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505Regulation ARule 504Total | N/A N/A N/A N/A | \$ 0 \$ 0 \$ 0 \$ 0 |
| 1. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees | | \$ |
| | Sales Commissions (Specify finder's fees separately) Other Expenses (identify) Total | | \$ |

| b. Enter the difference between the aggregate offering price given in response to Part C-Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer." | | | | | | | | | |
|--|--|---|-----------|-----------------------|--|--|--|--|--|
| 5. | Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b. above. | | | | | | | | |
| | | Payment Officer Directors Affiliat | s, , & | Payments to Others | | | | | |
| | Salaries and fees | \$ | 🗆 🗆 \$ _ | | | | | | |
| | Purchase of real estate. | \$ | [\$ _ | | | | | | |
| | Purchase, rental or leasing and installation of machinery and equipment | \$ | 🗆 🗆 🖺 | | | | | | |
| | Construction or leasing of plant buildings and facilities | \$ | 🗆 🗆 \$ _ | | | | | | |
| | Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger | \$ | 🗆 🗆 \$ _ | | | | | | |
| | Repayment of indebtedness | \$ | 🗆 🗆 \$ _ | | | | | | |
| | Working capital | \$ | 🛭 🖺 💲 _ | 975,000 | | | | | |
| | Other (specify) | \$ | ⊏ _ | | | | | | |
| | | \$ | 🗆 🗀 \$ _ | | | | | | |
| | Column Totals | \$ | 🛭 🖺 \$ _ | 975,000 | | | | | |
| | Total Payments Listed (column totals added) | ۵ | \$975 | ,000 | | | | | |
| | D. FEDERAL SIGNATURE | | | | | | | | |

Issuer (Print or Type) Signature Date PROVOX TECHNOLOGIES April 30, 2002 CORPORATION Title of Signer (Print of Type) Name of Signer (Print or Type) President and CEO Steve Bennington

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNAT | URE | | | | | | | | |
|--|---|-----------------|------------------------------|---------------|------------|--|--|--|--|--|
| Is any party described in 17 CFR 230.252 (oprovisions of such rule? | | - | - | Yes | No | | | | | |
| See Appendix, column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | | | | | |
| 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | | | |
| 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. | | | | | | | | | | |
| The issuer has read this notification and knows the duly authorized person. | he contents to be true and has duly | caused this not | tice to be signed on its bel | nalf by the u | ndersigned | | | | | |
| Issuer (Print or Type) PROVOX TECHNOLOGIES CORPORATION | Signature | | Date April 30, 2002 | 1 | | | | | | |
| Name of Signer (Print or Type) Steve Bennington | Title of Signer (Print or Type) President and CEO | | Ben 1 | | | | | | | |

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

| Intend to sell to non-accredited investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part C-It | 1 | | 2 | 3 | | | 4 | | | 5 |
|--|-------|-------------------------|----------------------------|---|---------------------------|-------------|---------------------------------------|-------------|--|----|
| State Yes No | | non-acc invest St | credited tors in ate | and aggregate offering price offered in state | amount purchased in State | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| AK AZ AR CA CO CO CT DE DC FL Convertible Notes: Up To \$1,000,000 1 \$50,000 0 \$50.00 GA HI ID IL IN IA KS KY LA ME MD MA MI | State | Yes | No | | Accredited | Amount | of Nonaccre ditd | Amount | Yes | No |
| AZ AR CA CO CO CT DE DC FL Convertible Notes: Up To \$1,000,000 1 \$50,000.00 0 \$0.00 GA HI ID IL IN IA KS KY LA ME MD MA MI | AL | | | | | | | | | |
| AR CA CO CO CT DE DC FL Convertible Notes: Up To \$1,000,000 1 \$50,000.00 0 \$0.00 GA HI ID IL IN IN IA KS KY LA ME MID MA MI | AK | | | | | | | | | |
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| MI | MD | | | | | | | | | |
| | MA | | | | | | | | | |
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APPENDIX

| 1 | | 2 | . 3 | | | 4 | | | 5 |
|-------|----------|------------|---|----------------------|--------------|---------------------------|------------|---|------------|
| - | | | . • | , | • | | | | lification |
| ļ | | | · | | | | | under State | |
| | | to sell to | Type of security | | • | | | ULOE (if yes, | |
| - | 1 | credited | and aggregate | | | | | | ach |
| | | tors in | offering price | | | vestor and | | | ation of |
| } | | tate | offered in state | | | hased in State | | waiver granted) | |
| | (Part B | -Item 1) | (Part C-Item 1) | ļ | (Part C | -Item 2) | ı | (Part E | -Item 1) |
| | | | | Number of Accredited | | Number of Nonaccreditd | | ļ | |
| State | Yes | No | _ | Investors | Amount | Investors | Amount | Yes | No |
| MT | - | 1 | | | | | 71110 1111 | 7.50 | |
| NE | | | *************************************** | | | | | | |
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| VA | | · | Convertible Notes: Up To \$1,000,000 | 7 | \$541,366.67 | 0 | 0 | | |
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